

Abstracts

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Some academic economists disagree, however, arguing that prospective economic modelling is better than informal opinion.

CONCLUSIONS: This study raises doubts about whether pharmacoeconomics has yet had much impact on R&D prioritization. If pharmacoeconomics is to succeed in guiding firms towards developing cost effective new products (i.e., ones delivering greater population health gains per unit of cost than existing products), then firms may need stronger incentives to use prospective cost-effectiveness modeling in R&D decisions.

PTH5**A COST-MINIMIZATION ANALYSIS OF IRON DEFICIENCY ANEMIA TREATMENT**

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OBJECTIVES: To compare the costs of baseline standard treatment course for iron deficiency anemia with different Fe⁺⁺-content medicines.

METHODS: The model for non-complicated iron deficiency anemia treatment was worked out by experts in the field of hematology: a course of 200 mg Fe⁺⁺ daily for 28 days. There were 5 Fe⁺⁺-content medicines available in Moscow pharmacies conventionally named H, S, T, F, G with the same suggested clinical effectiveness. Active Fe⁺⁺ amount per tablet, necessary mean dose of drug, mean duration of course treatment, drug price were taken into account. Data on medicine prices was calculated as a mean value according to price-lists of Moscow pharmacies derived from the Internet on April, 20, 1999.

RESULTS: The table below shows the results of this cost-minimization analysis.

Indicators	Conventionally named drugs				
	H	S	T	F	G
Fe ⁺⁺ mg/tab	10	100	80	45	100
Equivalent daily dose (200 mg daily) tab	20	2	3	5	2
Price per pack USD*	2.06	3.18	4.42	0.95	1.53
Tablet number per pack	100	50	30	10	30
Price per tablet USD	0.02	0.06	0.15	0.01	0.05
Cost per course of treatment (28 days) USD	11.54	3.56	12.38	13.3	2.86

*Prices in rubles were converted into USD according to the Central Bank rate on April 20, 1999

CONCLUSION: The course of treatment for iron deficiency anemia with F-drug that is the cheapest really is the most expensive. Cost-saving courses are those with S and G-drugs. Although it is traditionally used in Russia, price per pack shouldn't be an economical criteria for choice of treatment.

PTH6

PATIENTS' PERCEPTIONS OF THE OUTCOMES OF TREATMENT WITH TOPICAL NSAIDS, RUBIFACIANTS AND ORAL PAIN REMEDIES. A PROSPECTIVE STUDY OF MEDICINES AVAILABLE THROUGH COMMUNITY PHARMACIES

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OBJECTIVES: To examine patients' attitudes to and experiences of NSAIDs, Rubifaciants and oral pain remedies.

METHODS: Subjects were recruited in one of 30 pharmacies in Scotland representing rural, semi-rural and urban environments. Subjects who had purchased an Over the Counter medicine from one of three Topical NSAIDs, three Rubifaciants or one of four oral pain remedies were asked to participate in a questionnaire based study. The questionnaire examined pain assessment pre and post treatment, side effects experienced, patients' expectations of treatment, treatment outcomes, opinion about the relative merits of the three groups of medicines and demographic data about the purchaser. The questionnaires were anonymous but identified the study pharmacy. Information about the effectiveness of different rates of recruitment was also obtained. After an initial emphasis on pharmacist inducements, the study pharmacist was stationed in the pharmacies and achieved a high rate of recruitment and returned questionnaires.

RESULTS: Of 430 questionnaires distributed, 302 (70.23%) were returned; 13 patients were excluded due to spoiled questionnaires. Of the remaining 289 patients, 94 (32.5%) purchased Topical NSAIDs, 105 (36.6%) Rubifaciants and 90 (31.1%) purchased oral remedies. There was no significant difference between the three groups in pain scores pre and post treatment ($p = 0.22$). There was a difference in choice of treatment type by age ($p = 0.021$) with patients aged over 60 more likely to choose a Topical NSAID. Those who suffered symptoms less than once a week and those choosing a Topical NSAID were more likely to be first time users of the study treatment (both $p = 0.001$). Those in the Topical NSAID group were also more likely to report that they would definitely buy the product again than those in the other treatment groups ($p = 0.014$).

CONCLUSIONS: Initial findings demonstrate a very low level of adverse events and a high rate of satisfaction particularly with Topical NSAIDs as represented by a greater willingness to buy again.

PTH7

GLOBAL SCALE VERSUS GENERIC AND DISEASE-SPECIFIC INSTRUMENTS TO MEASURE THE HEALTH STATUS OF PATIENTS WITH ASTHMA

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